

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):		
TELEPHONE NO: _____ FAX NO: (OPTIONAL) _____ E-MAIL ADDRESS (OPTIONAL) _____ ATTORNEY FOR:: _____		
<b>SUPERIOR COURT OF SAN LUIS OBISPO COUNTY</b> <input type="checkbox"/> <b>San Luis Obispo Branch</b> , 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408 <input type="checkbox"/> <b>Grover Beach Branch</b> , 214 South 16th Street, Grover Beach, CA 93433 <input type="checkbox"/> <b>Paso Robles Branch</b> , 549 10th Street, Paso Robles, CA 93446 www.slccourts.net		
PLAINTIFF/PETITIONER _____  DEFENDANT/RESPONDENT _____		Judge: _____ Dept: _____
<b>REQUEST FOR ARBITRATION AND ORDER</b>		CASE NO: _____

### LIMITED JURISDICTION - CIVIL

Non-binding judicial arbitration without costs to the parties is hereby requested.

Dated: \_\_\_\_\_ (For) Plaintiff

(OPTIONAL)

Defendant(s) agree.

Dated: \_\_\_\_\_ (For) Defendant

### ORDER

The parties are ordered to non-binding judicial arbitration. It shall be conducted pursuant to the Code of Civil Procedure §1141.10, et seq. and Rules of Court 1600, et seq. (Local Rule 26.04). The cost thereof shall be paid by the Court.

Dated: \_\_\_\_\_ Judge of the Superior Court